

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

-62-023134

STATE FILE NUMBER

DO NOT WRITE
ON THIS STUD

AMENDED

Registration District No. 149

Primary Registration District No. 1002

Registrar's No. 3105

FILED JUL 6 1962

VS 300
Rev. 4/59

1

28150 X2

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4 0

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92043

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11

12 64-0

13

DATE AMENDED

INSTEAD OF

SHOULD READ

DOCUMENT

BY AFFIDAVIT OF
C. Farley MEDICAL CERTIFICATION

1. PLACE OF DEATH

a. COUNTY

Jackson

b. CITY (If outside corporate limits, give TOWNSHIP only)
OR TOWN Kansas City

Length of stay in 1b
9 yrs.

c. FULL NAME OF (If NOT in hospital, give location)
HOSPITAL OR INSTITUTION Research Hospital

Inside Limits
Yes ☒ No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)

a. STATE Kansas

b. COUNTY Johnson

c. CITY OR TOWN Overland Park

Inside Limits
Yes ☒ No ☐

d. STREET ADDRESS (If outside, give location)
9619 Windsor

Reside on Farm
Yes ☐ No ☒

3. NAME OF DECEASED

First

Middle

Last

4. DATE OF DEATH

Month

Day

Year

Otis

G.

Huntington

June

10

1962

5. SEX

Male

6. COLOR OR RACE

White

7. Married ☒ Never Married ☐
Widowed ☐ Divorced ☐

8. DATE OF BIRTH

July 14, 1913

9. AGE (last birthday)

48

IF UNDER 1 YEAR
Months Days Hours Min.

IF UNDER 24 HR

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

Auditor

10b. KIND OF BUSINESS OR INDUSTRY

Government

11. BIRTHPLACE (City and state or country)

Texas

12. CITIZEN OF WHAT COUNTRY

U. S. A.

13a. FATHER'S NAME

Abraham L. Huntington

13b. MOTHER'S MAIDEN NAME

Lulu Wiswell

14. NAME OF HUSBAND OR WIFE

Doris Huntington

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)

No

16. SOCIAL SECURITY NO.

17. INFORMANT
Doris Huntington, 9619 Windsor,
Overland Park, Kan.

18. CAUSE OF DEATH (Enter only one cause per line. PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a)

Acute Rt. Ventricular insufficiency

INTERVAL BETWEEN ONSET AND DEATH

12 hrs

Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.

DUE TO (b)

Acute myelogenous leucemia

3 mos

DUE TO (c)

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)

PART III. If deceased was female was there a pregnancy in last 90 days.

☐ Yes ☐ No ☐ Unknown

19. WAS AUTOPSY PERFORMED? YES ☒ NO ☐

20a. ACCIDENT SUICIDE HOMICIDE

☐

☐

☐

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)

20c. TIME OF INJURY

Hour a.m. p.m.

Month, Day, Year

20d. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

20f. CITY, TOWN, OR LOCATION

COUNTY

STATE

21. I attended the deceased from Oct 26 '54 to 6/10/62 and last saw him alive on 6/9/62
Death occurred at 5:30 a.m. on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE

(Decide or title)

22b. ADDRESS

6400 Prospect, Kansas City 6/11/62

22c. DATE SIGNED

23a. BURIAL, CREMATION, REMOVAL (Specify)

Burial

23b. DATE

6-12-62

23c. NAME OF CEMETERY OR CREMATORY

Highland

23d. LOCATION (City, town, or county)

Hamilton, Missouri

(State)

24. FUNERAL DIRECTOR

ADDRESS

Stine & McClure Kansas City, Missouri

25. DATE RECD. BY LOCAL REG.

6-12-62

26. REGISTRAR'S SIGNATURE

Ruth D. Long

(Licensed Embalmer's Statement on Reverse Side)

USE BLACK INK

OR
TYPEWRITER RIBBON

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

Dr. Claude C. Bailey
~~1-1-1934~~ Em 17833
4526 Passes
1:30 - 5 P.M.
6400 Prospect
224 Lute

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,
or by _____, Student Embalmer No. _____
working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed William M. Turner

Licensed Embalmer No. 4648
P. O. Address Kansas City, Mo

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).
If embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.